

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MHA 118159225

Date In: 13/1/18-14/1/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/18022236/24	SAS e-filing		
Veh No: 5R257P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/1/18-15:25	i-Motor Claim Form	M-1/1023279-002	13/1/18 22:13
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: M 23855

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

HA1808072

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2/3:

1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) FT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QJ*		
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11) : TP (Non INC) against INC \$20		
9) N12: Idac Mobile 30		

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/12/2018 14:05
Date Of Accident	09/12/2018 13:25
Exact Location Of Accident	JUNC AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2572P
Insured/Policyholder	
Name Of Registered Owner	LEZE LEASING PTE LTD
Co Reg No	201703937D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90081449
Alternative Phone No	OFFICE-90081449

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GLS 6-CVT ABS A/B 2WD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5088125469-01
Cover Note Number	

Driver

Name of Driver	DAVID LIM JIA JUN
NRIC No	S9218196J
Date Of Birth	24/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90081449
Fax Number	
Contact Number	OFFICE-90081449
Email Address	NOEMAIL

Address	BLK 233 LORONG 8 TOA PAYOH #10-260
Postcode	310233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME2385S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAI YONG XUE
NRIC/Passport Number	S8711891F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN


IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

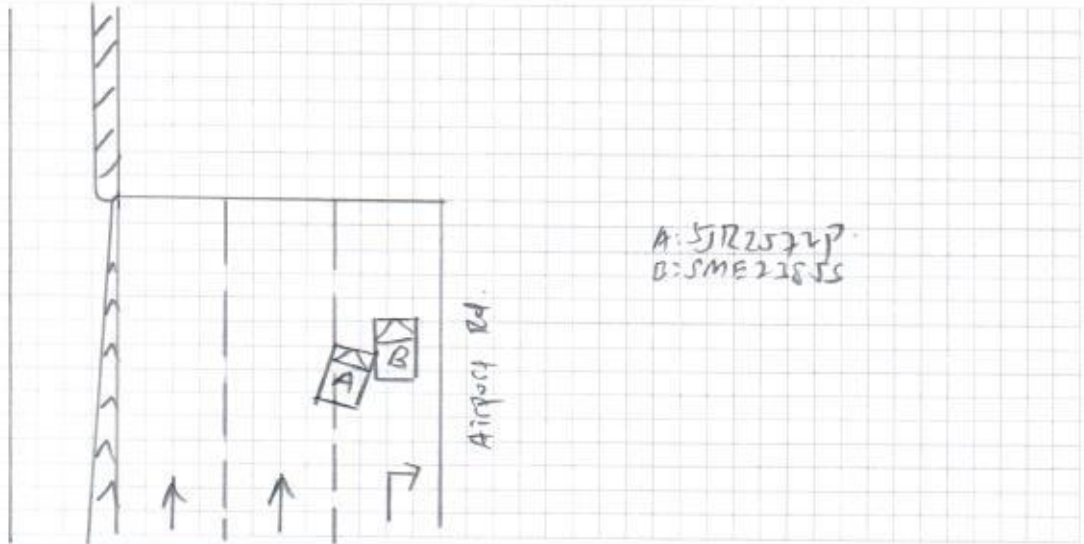
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG STATED VENUE. AS I WANTED TO FILTER TO LANE 1, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT TO LANE 1, VEHICLE B ACCELERATE AND SIDE SWIPED ONTO MY VEHICLE FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 12 / 18) (DD/MM/YYYY), TIME: (13 : 25) (HH:MM)

LOCATION: Junc Airport Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JL252P
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER: 508F125469-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Leze Leasing Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201703927D CONTACT: 92281449
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: David Lim Jig Jun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SC2161967 CONTACT: _____
c) ADDRESS: Blk 233 Wang & Bq Puyoh #10-460 (310233)

*d) DATE OF BIRTH: (24 / 5 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/12/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JME23855 MODEL: _____
b) DRIVER'S NAME: Ngai Yung Xue
c) NRIC/FIN/PASSPORT: 58711891F CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = davidlim-1992@live.com.sg

fax =

VIDEO = X

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEZE LEASING PTE. LTD. (201703937D)

Date: 25/10/2018

The Following Are The Brief Particulars of :

Registration No.	201703937D
Company Name	LEZE LEASING PTE. LTD.
Former Name if any	
Incorporation Date	13/02/2017
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	13/02/2017

Principal Activities

Activities (I)	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	
Activities (II)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
1000	1000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
1000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
------------------	----------

Authentication No. : 018761777J

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEZE LEASING PTE. LTD. (201703937D)

Date: 25/10/2018

Registered Office Address	1 SOON LEE STREET #02-02 PIONEER CENTRE SINGAPORE (627605)
Date of Address	19/09/2017
Date of Last AGM	31/07/2018
Date of Last AR	29/08/2018
FYE As At Date of Last AR	31/01/2018

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
------------	-----------------	----------	----------------	------------

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
ZHANG YU HAN	S8825771E	SINGAPORE CITIZEN	OSCARS	13/02/2017
561A JURONG WEST STREET 42 #09-1131 SPRING HAVEN @ JURONG SINGAPORE (641561)		Director		
THAM WEI CHUEN KENNETH	S8218899A	SINGAPORE CITIZEN	OSCARS	01/10/2018
561A JURONG WEST STREET 42 #09-1131 SPRING HAVEN @ JURONG SINGAPORE (641561)		Secretary		

Shareholder(s)

Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address				
1 THAM WEI CHUEN KENNETH	S8218899A	SINGAPORE CITIZEN	OSCARS	22/01/2018

Authentication No. : O18761777J

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEZE LEASING PTE. LTD. (201703937D)

Date: 25/10/2018

Shareholder(s)

Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed	
Address					
561A JURONG WEST STREET 42 #09-1131 SPRING HAVEN @ JURONG SINGAPORE (641561)					
Ordinary(Number)	Currency				
200	SINGAPORE, DOLLARS				
2	ZHANG YU HAN	S8825771E	SINGAPORE CITIZEN	OSCARS	22/01/2018
561A JURONG WEST STREET 42 #09-1131 SPRING HAVEN @ JURONG SINGAPORE (641561)					
Ordinary(Number)	Currency				
800	SINGAPORE, DOLLARS				

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.

- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No. : O18761777J

Page 3 of 4

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEZE LEASING PTE. LTD. (201703937D)

Date: 25/10/2018

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA181025194461

DATE : 25/10/2018

This is computer generated. Hence no signature required.



Authentication No. : O18761777J

REPUBLIC OF SINGAPORE DRIVING LICENCE

00218196J

DAVID LIM JIA JUN

Birth Date: 24 May 1992
Issue Date: 30 Oct 2018

0028532440

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9218196J

DAVID LIM JIA JUN

林嘉俊

RACE
CHINESE

Date of birth: 24-05-1992 Sex: M

Country of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

30 Oct 2018

NP 428A



4051350

S9218196J

DATE OF ISSUE
01-06-2007

Address
APT BLK 233 LORONG 8 TOA PAYOH
#10-250
SINGAPORE 310233

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/12/2018 13:25"/>
Vehicle No. (For Motor)	<input type="text" value="SJR2572P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088125469-01		LEZE LEASING PTE LTD	201703937D	GFT	Third Party	SJR2572P	SJR2572P	21/09/2018	
<input type="button" value="Continue"/>										

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1023279

Policy No.	5088125469-01	Vehicle No.	SJR2572P	GST Registration No.	
Certificate No.					
Policyholder Name	LEZE LEASING PTE LTD			Policyholder NRIC	201703937D
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90081449	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
WCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	10/12/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/12/2018	Time of Accident (hh:mm)	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG AIRPORT RD				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	450 GEYLANG ROAD	Address 2	SINGAPORE 389409	Address 3	
Address 4		Address Type	Singapore address	Post Code	389409
Unit No.		Related Policy Number	5088125469-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/05/1992
Unnamed driver Name	DAVID LIM JIA JUN	Driver NRIC	592381963	Driving Experience	0
Register Date of Driver License	30/10/2018	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	TOA PAYOH EIGHT
Address 1	BLK 233 #10-260	Address 2	LORONG 8 TOA PAYOH	Address 3	
Address 4	SINGAPORE 310233	Address Type	Singapore address	Post Code	310233
Unit No.	10-260				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 002 **NEW**

Claim Type *	DD-MX	Insured Name	LEZE LEASING PTE LTD	Insured NRIC	201703937D
Contact No.(Mobile)	87880788	Contact No.(Home)		Contact No.(Office)	
Email Address		Oil Vehicle Number	SJR2572P	TP Vehicle Number	SME23855
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJR2572P / SME23855 ON 9 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/12/2018 22:13	Claim Close Date		Date Received	10/12/2018 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1023279	Claim No.	002
LAST DOC. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2018 22:14
Path *		Category *	
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse...	Clear	Please Select	1/2	Normal	
Browse...	Clear	Please Select	1/2	Normal	
Browse...	Clear	Please Select	1/2	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Size? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:14	SAS	Normal	SAS 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 22:13	Photos	Normal	Photos 2018-12-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				